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Mental Health and Resilience: Soldiers' Perceptions about Psychotherapy, Medications, and Barriers to Care in the United States Military

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14. ABSTRACT
Research has reported perceived barriers to care in military populations, but there have not been any studies to date that demonstrate the degree to which subjective barriers translate into lack of utilization. Moreover, studies of mental health service utilization have not examined patient beliefs and perceptions, instead focusing on characteristics such as race, gender, and socio-demographic variables. To our knowledge there have not been any systematic investigations into what soldiers believe about mental health treatment.
Results from this study will provide the mental health community with valuable information about 1) Barriers to receiving mental health care in symptomatic individuals; 2) The effects those barriers have on health care utilization; 3) Beliefs about mental health and treatment preferences that can inform education and treatment planning efforts; 4) Factors associated with psychological resilience and how those factors affect healthcare utilization. In the past year, a Fort Drum Combat Brigade withdrew from participation immediately prior to our data collection date. Further, a negative incident involving an unrelated research team caused a delay for all research on post. In the past year we collected survey data from 550 (corrected from previous report of 487) participants at Fort Drum. Delay in the No Cost Extension approval limited project activity to three months. The Research Assistant to collect data at Fort Drum was identified and completed all security clearances to acquire data. Medical record data access began. We have applied for a final no-cost extension.

15. SUBJECT TERMS
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INTRODUCTION

A recent survey of three different groups of soldiers (N = 3,671) returning from Afghanistan and Iraq found that 11.2 -17.1% met screening criteria for a mental disorder. However, only 23-40% of those with a positive screen were interested in receiving mental health care. Research has reported perceived barriers to care in military populations, but there have not been any studies to date that demonstrate the degree to which subjective barriers translate into lack of utilization. Moreover, studies of mental health service utilization have not examined patient beliefs and perceptions, instead focusing on characteristics such as race, gender, and socio-demographic variables. To our knowledge there have not been any systematic investigations into what soldiers believe about mental health treatment. Moreover, there have been no studies examining how beliefs about treatment and etiology of psychological disorders relate to seeking professional help at a military mental health clinic and to general healthcare utilization. The intended scope of this award is to collect data from a sample (n= 3600) of Active Duty Service Members from the 10th Mountain Light Infantry Division, Fort Drum NY, who have recently returned from a deployment to Iraq or Afghanistan.

BODY

We anticipated our data collection to occur in Spring of 2011. However, two weeks prior to the collection date, the BCT withdrew their involvement in the study. We then began scheduling for a summer data collection time with another BCT. Unfortunately, an incident on Post with an un-related third party research group that was also collaborating with Dr. Benham caused a shut down of all research activities at Fort Drum. This research embargo caused a 6-month delay while we awaited decisions from Fort Drum JAG and Acting Division Surgeon regarding our ability to conduct this research. The decision was reached that the third party research team needed to obtain a tasking from FORSCOM to conduct their research at Fort Drum. In the winter of 2011, we began this process for our protocol. Dr. Southwick spoke with Division about the protocol in the hopes of regaining Division and BCT support that would remove the need for the tasking. At that time, the leadership that was originally in place was no longer stationed at Fort Drum by Spring of 2012. Instead, we were permitted to offer participation to the 2nd Battalion 22nd Regiment, a much smaller division (n=800) of Soldiers within the 1st Brigade Combat Team. In April of 2012, we presented the survey to the division and collected data from 550 (Corrected from previous account of 487) Service Members. After meeting with our lead statistical consultant, we believed the primary aims and hypotheses for this protocol could still be addressed with appropriate statistical power by using modeling techniques more appropriate for the current sample size. The most significant loss was an exploratory descriptive analysis of the nature of patient flow and retention at Fort Drum MEDDAC. Our colleagues at Fort Drum felt that this analysis was no longer as important given changes in MEDDAC services in recent years. Therefore we have closed the study to enrollment and have begun the longitudinal healthcare utilization data collection phase, which ended in April, 2013.

In the Fall of 2012, our project manager, Dr. Aikins, accepted a tenured faculty position at Wayne State University and the VA Detroit Healthcare System. Dr. Aikins obtained

local IRB approval to continue on with this project and we created a subcontract that would allow Dr. Aikins to complete the data collection at Fort Drum and finish the award. A No Cost Extension was submitted to complete the project by September, 2013. However, there were unforseen difficulties with the No Cost Extension Request. Originally, we had proposed that personnel at Fort Drum would be hired to enter the medical record data. It was determined by Fort Drum JAG that such arrangements were not permitted of DoD employees. We then determined that our Yale Research Assistant, Ms. Alicia Christensen, held several of the pre-requisites for this position, including: IRB approval and trainings, a valid CAC card as per her WOC position at the VA Connecticut Healthcare System, and familiarity with the protocol. When the NCE was finally granted in late Spring of 2013, we began the process of having her cleared to access the medical record computer software system at Fort Drum (the AHLTA system). Her permission was granted and data collection began

A final No Cost Extension will be requested to complete data collection, statistical analysis, and report writing.

In Fall of 2011, we pursued conducting this survey at another site with another ongoing collaborator. However, the protocol would be sufficiently disparate from the survey content used with the infantry at Fort Drum and we discontinued our efforts in pursuing this matter for the award purposes.

Measures

The following measures will be administered in the survey:

Demographic data will be accessed from each participant's Post-Deployment Health Reassessment (PDHRA) form filled out immediately prior to participation in the survey. As race and ethnicity are not asked as part of the PDHRA, we will include an assessment item asking each participant to identify themselves as one or more of the following:

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

1. Hispanic or Latino
2. Not Hispanic or Latino

Barriers to Care Inventory: An 11-item self-report assessment of obstacles that prevent or dissuade individuals from seeking mental health treatment. This measure assesses pressures such as lack of trust, stigma, stereotypes, finances, time-off from work, and psychological insecurity. Comparison data available for $N = 6153$ combat veterans, including stratified samples of soldiers who met screening criteria for psychopathology (*n*

= 731) and those who did not (n = 5422) following deployments to Iraq and Afghanistan (Hoge et al., 2004). Approximate time to complete: 3-5 min.

Beliefs about Psychotropic Medications & Psychotherapy: A 14-item Likert scale assessment of personal beliefs about psychotropic medication and psychotherapy. Scale items were derived via confirmatory factor analysis of (n = 232) participants enrolled in the Collaborative Care for Anxiety and Panic (CCAP) study comprising community care clinics in Seattle, San Diego, and Los Angeles. Six scale items assess beliefs about medications, with the remaining eight items assessing patient beliefs about psychotherapy. Cronbach's alpha's for the medication and psychotherapy sub-scales were .71 and .82 respectively, indicating acceptable to good internal consistency (Bystritsky et al., 2005). Approximate time to complete: 3-5 min.

Connor-Davidson Resilience Scale (CD-RISC): The CD-RISC was developed as a self-report assessment of psychological resilience. The scale comprises 25 Likert scale items that assess five orthogonal resilience factors, with five items per factor (Factor 1 = personal competence; Factor 2 = trust and tolerance of negative affect; Factor 3 = acceptance of change; Factor 4 = control; Factor 5 = spiritual influences). Psychometric data was obtained from multiple samples including non-help seeking (n = 577), psychiatric outpatients (n = 43), primary care patients (n = 139), and subjects enrolled in a PTSD treatment study (n = 44). The CD-RISC was shown to have high test-retest reliability (r = .87) and good internal consistency (Cronbach's alpha = .89). Results also revealed the CD-RISC to be sensitive to the effects of treatment, with greater therapeutic improvement marked by proportionate increases in resilience (Connor & Davidson, 2003). Approximate time to complete: 3-5 min.

Fear of Loss of Vigilance Questionnaire: The FLOV-Q was developed to evaluate the hypothesis that predisposition to PTSD is characterized more by symptoms of Nocturnal Panic (NP) compared to day-time Panic Disorder (PD). Items for this scale were derived from patient reports during administration of the Anxiety Disorders Interview Scale (ADIS-IV; Brown et al., 1994). Items with factor loadings > .30 were retained, resulting in a 14-item scale assessing the degree of anxiety or distress an individual experiences about a variety of physiological sensations associated with a loss of vigilance (e.g. drowsiness, daydreaming, fatigue, being in a daze or zoning out). The measure correlated well (r = .40) with the Posttraumatic Stress Disorder Scale (PDS; Foa, 1995) severity score index. The measure also showed good test-retest reliability (r = .77), and high internal consistency (Cronbach's alpha = .92 - .94; Tsao & Craske, 2003). Approximate time to complete: 3-5 min.

Posttraumatic Stress Checklist-Military (PCL-M): The PCL-M is a 17 item self-report assessment of PTSD symptom severity developed by the National Center for PTSD. The military version of the PCL is keyed to stressful military experiences, and corresponds to 17 items directly adapted from the DSM-IV PTSD criteria. Psychometric data was obtained from veterans of the Vietnam War as well as the Persian Gulf War. The PCL-M demonstrated good internal consistency (Cronbach's alpha = .96 and .97 respectively).

Test-retest reliability over a 2-3 day period was r = .96 (Weathers & Ford, 1996). Approximate time to complete: 5-7 min.

Psychiatric Disability Attribution Questionnaire (PDAQ): The PDAQ is a 36 item Likert scale assessment of stigma and discriminatory beliefs about six different disorders or diseases (Cocaine Addiction, Mental Retardation, AIDS, Psychosis, Depression, and Cancer). The PDAQ has three empirically derived scales (Factor 1 = stability; Factor 2 = controllability; Factor 3 = pity) applicable to each of the six pathologies. The stability factor assesses the degree to which the respondent believes counseling and medication will be helpful. The controllability factor measures how much the respondent avoids individuals afflicted with each of the six pathologies, as well as how much personal blame is attributed to a given disease or disorder. Test-retest reliability for the PDAQ ranges from fair to good (r = .57 - .83; Corrigan, River, Lundin et al., 2000). For the purposes of this study, only two of the six disorders (Depression and Psychosis) were chosen for inclusion in the assessment. Additional modifications were made to the measure by replacing the word 'Cancer' with 'PTSD' to create a third scale assessing attributions about PTSD. These modifications result in an 18 item scale, with each of the three disorders comprising six questions. Approximate time to complete: 3-5 min.

Unit Support Scale: A 12 item Likert scale assessment of nature of professional relationships and cohesion between the soldier and his/her unit. Questions on this measure include "my unit was like a family to me," "I could go to most people in my unit for help when I had a personal problem," and "my superiors made a real attempt to treat me as a person." This measure is also part of the DRRI and demonstrated good internal consistency (Cronbach's alpha = .94; King, King, & Vogt, 2003). Approximate time to complete: 1-2 min.

Approximate time to complete entire battery: 30 min.

KEY RESEARCH ACCOMPLISHMENTS

- A subcontract for the award to Dr. Aikins at Wayne State University was approved.
- A one-year no-cost extension of this award was approved.
- Research assistant was cleared to access medical record data at Fort Drum

REPORTABLE OUTCOMES

Whereas we collected a smaller sample than originally proposed, we believe that we have sufficient statistical power to complete the project. This award should be accomplishable by the Spring of 2014.

CONCLUSION

This research addresses important issues regarding Service Members' perceptions of barriers to care, resilience, and health care utilization. There is no mechanism in place for Active Duty Military Bases to co-ordinate and review the numerous research study taskings and requests received, nor a mechanism for JAG to interact with research IRBs to understand the process of how a study is approved for use, including those under

military IRB review. We collected a smaller sample of surveys and will complete our longitudinal medical record data collection.

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FORT DRUM RESILIENCE PROJECT

1. Today's Date ☐☐ / ☐☐ / ☐☐☐☐
   mm dd yyyy

2. Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. First Name ☐☐☐☐☐☐☐☐☐☐ I. ☐

4. Date of Birth ☐☐ / ☐☐ / ☐☐☐☐
   mm dd yyyy

5. Last 4 Social Security Number ☐☐☐☐

6. Ethnicity: Hispanic or Latino ○ Yes ○ No

7. Race: (check one or more)
   - ○ American Indian or Alaska Native
   - ○ Asian
   - ○ Black or African American
   - ○ Native Hawaiian or Other Pacific Islander
   - ○ White

FORT DRUM RESILIENCE PROJECT

Section A: Perceived Barriers to Care Assessment

Rate how each of the possible concerns might affect your decision to receive mental health counseling or services if you ever had a problem.

	Strongly DISAGREE	DISAGREE	UNSURE NEITHER AGREE NOR DISAGREE	AGREE	Strongly AGREE
1. I don't trust mental health professionals.	○	○	○	○	○
2. I don't know where to get help.	○	○	○	○	○
3. I don't have adequate transportation.	○	○	○	○	○
4. It is difficult to schedule an appointment.	○	○	○	○	○
5. There would be difficulty getting time off work for treatment.	○	○	○	○	○
6. Mental health care costs too much money.	○	○	○	○	○
7. It would be too embarrassing.	○	○	○	○	○
8. It would harm my career.	○	○	○	○	○
9. Members of my unit might have less confidence in me.	○	○	○	○	○
10. My unit leadership might treat me differently.	○	○	○	○	○
11. My leaders would blame me for the problem.	○	○	○	○	○
12. I would be seen as weak.	○	○	○	○	○
13. Mental health care doesn't work.	○	○	○	○	○
14. Psychotherapy is not effective for most people.	○	○	○	○	○
15. Being in therapy is a sign of weakness.	○	○	○	○	○
16. Therapy can help individuals overcome stressful life events.	○	○	○	○	○
17. Anxiety and depression symptoms can usually be improved with medication.	○	○	○	○	○
18. Medications for anxiety and depression do not help a person cope better.	○	○	○	○	○
19. Most medications for anxiety and depression are highly addictive.	○	○	○	○	○

Section B: Beliefs About Psychotherapy

Please indicate the degree to which you personally AGREE or DISAGREE with each statement.

	Strongly DISAGREE	DISAGREE	Neutral	AGREE	Strongly AGREE
1. Therapy is ineffective for most people.	O	O	O	O	O
2. Therapy patients are wasting money.	O	O	O	O	O
3. Therapy often harms the patient's relationships with other people.	O	O	O	O	O
4. Being in therapy is a sign of weakness.	O	O	O	O	O
5. Therapy offers patients new and beneficial perspectives.	O	O	O	O	O
6. Therapy is unhealthy because patients usually become dependent on their relationships with the therapist.	O	O	O	O	O
7. Therapy can help individuals overcome stressful life events.	O	O	O	O	O
8. Therapy can be a healthy experience for anyone.	O	O	O	O	O

Section C: Beliefs About Medications

Please indicate the degree to which you personally AGREE or DISAGREE with each statement.

	Strongly DISAGREE	DISAGREE	Neutral	AGREE	Strongly AGREE
1. Anxiety and Depression symptoms can usually be improved with medication.	O	O	O	O	O
2. Medications are an important part of the treatment of anxiety and depression.	O	O	O	O	O
3. Medications for anxiety and depression can help a person feel better physically.	O	O	O	O	O
4. People with anxiety should avoid taking medications to help their anxious problems.	O	O	O	O	O
5. Medications for anxiety and depression do not help a person cope better.	O	O	O	O	O
6. Most medications for anxiety and depression are highly addictive.	O	O	O	O	O

Section D: Connor- Davidson Resilience Scale (CD-RISC)

Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not At All True	Rarely True	Sometimes True	Often True	True Nearly All the Time
1. I am able to adapt when changes occur.	○	○	○	○	○
2. I have at least one close and secure relationship which helps me when I am stressed.	○	○	○	○	○
3. When there are no clear solutions to my problems, sometimes fate or God can help.	○	○	○	○	○
4. I can deal with whatever comes my way.	○	○	○	○	○
5. Past successes give me confidence in dealing with new challenges and difficulties.	○	○	○	○	○
6. I try to see the humorous side of things when I am faced with problems.	○	○	○	○	○
7. Having to cope with stress can make me stronger.	○	○	○	○	○
8. I tend to bounce back after illness, injury, or other hardships.	○	○	○	○	○
9. Good or bad, I believe that most things happen for a reason.	○	○	○	○	○
10. I give my best effort, no matter what the outcome may be.	○	○	○	○	○
11. I believe I can achieve my goals, even if there are obstacles.	○	○	○	○	○
12. Even when things look hopeless, I don't give up	○	○	○	○	○
13. During times of stress/crisis, I know where to turn for help.	○	○	○	○	○
14. Under pressure, I stay focused and think clearly.	○	○	○	○	○
15. I prefer to take the lead in solving problems, rather than letting others make all the decisions	○	○	○	○	○
16. I am not easily discouraged by failure.	○	○	○	○	○
17. I think of myself as a strong person when dealing with life's challenges and difficulties.	○	○	○	○	○
18. I can make unpopular or difficult decisions that affect other people, if it is necessary.	○	○	○	○	○
19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger	○	○	○	○	○
20. In dealing with life's problems, sometimes you have to act on a hunch, without knowing why.	○	○	○	○	○
21. I have a strong sense of purpose in life.	○	○	○	○	○
22. I feel in control of my life.	○	○	○	○	○
23. I like challenges.	○	○	○	○	○
24. I work to attain my goals, no matter what roadblocks I encounter along the way.	○	○	○	○	○
25. I take pride in my achievements.	○	○	○	○	○

Section E: FLOVQ

*Please indicate how much **distress**, **anxiety**, or **fear** you would feel with each of the following experiences using the 0-8 scale below,*
***0 = no distress, anxiety, or fear [----------] 8 = extreme distress, anxiety, or fear**.*
Please rate each item even if you would not actually allow yourself to have that experience.

1. How much distress/anxiety/fear do you experience when you experience **drowsiness**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		**Mild** distress/ fear/ anxiety		**Moderate** distress/ fear/anxiety		**Severe** distress/ fear/anxiety		**Extreme** distress/ fear/anxiety

2. How much distress/anxiety/fear do you experience when **zoning or spacing out**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		**Mild** distress/ fear/ anxiety		**Moderate** distress/ fear/anxiety		**Severe** distress/ fear/anxiety		**Extreme** distress/ fear/anxiety

3. How much distress/anxiety/fear do you experience **not being wide awake**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		**Mild** distress/ fear/ anxiety		**Moderate** distress/ fear/anxiety		**Severe** distress/ fear/anxiety		**Extreme** distress/ fear/anxiety

4. How much distress/anxiety/fear do you experience **feeling disconnected from yourself**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		**Mild** distress/ fear/ anxiety		**Moderate** distress/ fear/anxiety		**Severe** distress/ fear/anxiety		**Extreme** distress/ fear/anxiety

5. How much distress/anxiety/fear do you experience **"missing" things in conversations**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		**Mild** distress/ fear/ anxiety		**Moderate** distress/ fear/anxiety		**Severe** distress/ fear/anxiety		**Extreme** distress/ fear/anxiety

6. How much distress/anxiety/fear do you experience **being in a daze**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		**Mild** distress/ fear/ anxiety		**Moderate** distress/ fear/anxiety		**Severe** distress/ fear/anxiety		**Extreme** distress/ fear/anxiety

7. How much distress/anxiety/fear do you experience **becoming drowsy after taking an antihistamine or related drugs**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		Mild distress/ fear/ anxiety		Moderate distress/ fear/anxiety		Severe distress/ fear/anxiety		Extreme distress/ fear/anxiety

Section E: FLOVQ continued

8. How much distress/anxiety/fear do you experience **not being fully alert**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		**Mild** distress/ fear/ anxiety		**Moderate** distress/ fear/anxiety		**Severe** distress/ fear/anxiety		**Extreme** distress/ fear/anxiety

9. How much distress/anxiety/fear do you experience when **daydreaming**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		**Mild** distress/ fear/ anxiety		**Moderate** distress/ fear/anxiety		**Severe** distress/ fear/anxiety		**Extreme** distress/ fear/anxiety

10. How much distress/anxiety/fear do you experience **nodding off during the day**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		**Mild** distress/ fear/ anxiety		**Moderate** distress/ fear/anxiety		**Severe** distress/ fear/anxiety		**Extreme** distress/ fear/anxiety

11. How much distress/anxiety/fear do you experience when **experiencing wooziness**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		**Mild** distress/ fear/ anxiety		**Moderate** distress/ fear/anxiety		**Severe** distress/ fear/anxiety		**Extreme** distress/ fear/anxiety

12. How much distress/anxiety/fear do you experience **not being fully aware of your surroundings**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		**Mild** distress/ fear/ anxiety		**Moderate** distress/ fear/anxiety		**Severe** distress/ fear/anxiety		**Extreme** distress/ fear/anxiety

13. How much distress/anxiety/fear do you experience when experiencing **mental exhaustion**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		**Mild** distress/ fear/ anxiety		**Moderate** distress/ fear/anxiety		**Severe** distress/ fear/anxiety		**Extreme** distress/ fear/anxiety

14. How much distress/anxiety/fear do you experience when experiencing **fatigue from lack of sleep**?

0	1	2	3	4	5	6	7	8
No distress/ fear/ anxiety		**Mild** distress/ fear/ anxiety		**Moderate** distress/ fear/anxiety		**Severe** distress/ fear/anxiety		**Extreme** distress/ fear/anxiety

Section F: PCL-M

Below is a list of problems and complaints that people sometimes have in response to stressful military experiences. Please read each one carefully, then fill in the circle that indicates how much you have been bothered by that problem <u>in the PAST MONTH</u>.

In the PAST MONTH, have you been bothered by...	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing *memories*, *thoughts*, or *images* of a stressful military experience from the past?	○	○	○	○	○
2. Repeated, disturbing *dreams* of a stressful military experience from the past?	○	○	○	○	○
3. Suddenly *acting* or *feeling* as if a stressful military experience *were happening again* (as if you were reliving it)?	○	○	○	○	○
4. Feeling *very upset* when *something reminded* you of a stressful military experience from the past?	○	○	○	○	○
5. Having *physical reactions* (e.g., heart pounding, trouble breathing, sweating) when *something reminded you* of a stressful military experience from the past?	○	○	○	○	○
6. Avoiding *thinking about or talking about* your stressful military experience or avoiding *having feelings* related to it?	○	○	○	○	○
7. Avoiding *activities* or *situations* because they reminded you of your stressful military experience?	○	○	○	○	○
8. Trouble *remembering important parts* of a stressful military experience?	○	○	○	○	○
9. *Loss of interest* in activities that you used to enjoy?	○	○	○	○	○
10. Feeling *distant* or cut off from other people?	○	○	○	○	○
11. Feeling *emotionally numb* or being unable to have loving feelings for those close to you?	○	○	○	○	○
12. Feeling as if your *future* somehow will be cut short?	○	○	○	○	○
13. Trouble *falling* or *staying* asleep?	○	○	○	○	○
14. Feeling *irritable* or having angry *outbursts*?	○	○	○	○	○
15. Having *difficulty* concentrating?	○	○	○	○	○
16. Being "*super alert*" or watchful or on guard?	○	○	○	○	○
17. Feeling *jumpy* or *easily* startled?	○	○	○	○	○

Section G: PDAQ

Please indicate your level of agreement/disagreement with each of the following sentences.

1. I believe that persons with Posttraumatic Stress Disorder (PTSD) are to blame for their problems.

1	2	3	4	5	6	7
Agree						Disagree

2. I think that persons with psychosis are likely to benefit from counseling.

1	2	3	4	5	6	7
Agree						Disagree

3. I believe that persons with depression are to blame for their problems.

1	2	3	4	5	6	7
Agree						Disagree

4. I feel sorry for persons with depression.

1	2	3	4	5	6	7
Agree						Disagree

5. I think that persons with depression will recover.

1	2	3	4	5	6	7
Agree						Disagree

6. I feel sorry for persons with PTSD.

1	2	3	4	5	6	7
Agree						Disagree

7. I think that persons with PTSD will recover.

1	2	3	4	5	6	7
Agree						Disagree

8. I avoid persons with psychosis.

1	2	3	4	5	6	7
Agree						Disagree

9. I think that persons with PTSD are likely to benefit from counseling.

1	2	3	4	5	6	7
Agree						Disagree

Section G: PDAQ continued

10. I believe that persons with psychosis are likely to benefit from medicine.

1	2	3	4	5	6	7
Agree						Disagree

11. I think that persons with psychosis will recover.

1	2	3	4	5	6	7
Agree						Disagree

12. I avoid persons with depression.

1	2	3	4	5	6	7
Agree						Disagree

13. I believe that persons with depression are likely to benefit from medicine.

1	2	3	4	5	6	7
Agree						Disagree

14. I think that persons with depression are likely to benefit from counseling.

1	2	3	4	5	6	7
Agree						Disagree

15. I believe that persons with PTSD are likely to benefit from medicine.

1	2	3	4	5	6	7
Agree						Disagree

16. I avoid persons with PTSD.

1	2	3	4	5	6	7
Agree						Disagree

17. I believe that persons with psychosis are to blame for their problems.

1	2	3	4	5	6	7
Agree						Disagree

18. I feel sorry for persons with psychosis.

1	2	3	4	5	6	7
Agree						Disagree

SECTION H: UNIT SUPPORT

The statements below are about your relationships with other military personnel while you were deployed. Please read each statement and describe how much you agree or disagree by filling in the circle that best fits your answer.

	Strongly DISAGREE	Somewhat DISAGREE	NEITHER AGREE NOR DISAGREE	Somewhat AGREE	Strongly AGREE
1. My unit was like family to me.	○	○	○	○	○
2. I felt a sense of camaraderie between myself and other soldiers in my unit.	○	○	○	○	○
3. Members of my unit understood me.	○	○	○	○	○
4. Most people in my unit were trustworthy.	○	○	○	○	○
5. I could go to most people in my unit for help when I had a personal problem.	○	○	○	○	○
6. My commanding officer(s) were interested in what I thought and how I felt about things.	○	○	○	○	○
7. I was impressed by the quality of leadership in my unit.	○	○	○	○	○
8. My superiors made a real attempt to treat me as a person.	○	○	○	○	○
9. The commanding officer(s) in my unit were supportive of my efforts.	○	○	○	○	○
10. I felt like my efforts really counted to the military.	○	○	○	○	○
11. The military appreciated my service.	○	○	○	○	○
12. I was supported by the military.	○	○	○	○	○

SECTION I: RELATIONSHIPS WITHIN UNIT

The next set of questions is also about your relationships with other military personnel while deployed. Please describe how often you experienced each circumstance by filing in the circle that best fits your answer.

While I was deployed, unit leaders or other unit members:	Never	Once or Twice	Sometimes	Many Times
1. …treated me in an overly critical way.	O	O	O	O
2. …behaved in a way that was uncooperative when working with me.	O	O	O	O
3. ... treated me as if I had to work harder than others to prove myself.	O	O	O	O
4. ... questioned my abilities or commitment to perform my job effectively.	O	O	O	O
5. ... acted as though my mistakes were worse than others.	O	O	O	O
6. …tried to make my job more difficult to do.	O	O	O	O
7. ..."put me down" or treated me in a condescending way.	O	O	O	O
8. ... gossiped about my sex life or spread rumors about my sexual activities.	O	O	O	O
9. ...made crude and offensive sexual remarks directed at me, either publicly or privately.	O	O	O	O
10. …offered me some sort of reward or special treatment to take part in sexual behavior.	O	O	O	O
11. …threatened me with some sort of retaliation for not being sexually cooperative (for example, the threat of a negative review, physical violence, or to ruin my reputation).	O	O	O	O
12. …made unwanted attempts to stroke or fondle me (for example, stroking my leg or neck).	O	O	O	O
13. ...made unwanted attempts to have sex with me.	O	O	O	O
14. ...forced me to have sex.	O	O	O	O

Section J: DEPLOYMENT CONCERNS

The statements below are about the amount of danger you felt you were exposed to while you were deployed. Please read each statement and describe how much you agree or disagree with each statement by filling the circle in the column that best fits your answer.

During my deployment ...	Strongly DISAGREE	Somewhat DISAGREE	NEITHER AGREE NOR DISAGREE	Somewhat AGREE	Strongly AGREE
1. I thought I would never survive.	○	○	○	○	○
2. I felt safe.	○	○	○	○	○
3. I was extremely concerned that the enemy would use nuclear, biological, chemical agents (NBCs) against me.	○	○	○	○	○
4. I felt that I was in great danger of being killed or wounded.	○	○	○	○	○
5. I was concerned that my unit would be attacked by the enemy.	○	○	○	○	○
6. I worried about the possiblility of accidents (for example, friendly fire or training injuries in my unit).	○	○	○	○	○
7. I was afraid I would encounter a mine or booby trap.	○	○	○	○	○

Thank you for completing this survey.